

Crisis grows as Kidderminster beds are axed

Staff and local people in Kidderminster remain bitter at the scandal of Worcestershire Health Authority's decision to rush through the closure of their high quality local hospital in order to finance a PFI hospital 20 miles away in Worcester.

The PFI hospital will not be completed for several years, and the promised "ambulatory care" centre at Kidderminster has not even recruited a project manager.

Far from switching to new, purpose-built facilities, surgical wards have been hastily shut down by health chiefs and beds set up in makeshift accommodation in Worcester and in Redditch, also 20 miles away.

Surgical wards have been transferred to the crumbling Castle Street hospital in Worcester, despite the absence of resuscitation services, which are based at Ronkwood Hospital two miles away!

ITU beds have been allegedly "transferred" from Kidderminster to Worcester, but remain closed for lack of staff.

The last of Kidderminster Hospital's acute beds are due to close in mid-September, accompanied by a downgrading of the A&E to a minor injury unit.

Chronic bed shortages and trolley waits of 14-15 hours at Worcester have meant that there has been a continuing flow of patients transferred to Kidderminster during the summer months, and it seems that the closure of in-patient care will create a knock-on crisis across the county.

Claims by local MP David Lock that Kidderminster would still have 120 beds have been discredited, as it becomes clear that once the acute wards have closed there will be no more than 24 rehabilitation beds for the elderly, 6 maternity beds and 14 day surgery beds on the site.

The plunging morale and seething anger among Kidderminster nursing staff have meant that relatively few have been willing to transfer to Worcester or Redditch, leaving a growing crisis, leaving as many as 200 nursing posts vacant, and a Birmingham-based agency now staffing an entire ward in Worcester.

The Trust has reportedly been given an extra £1m to recruit nurses, seeking staff from as far afield as the Philippines to make up the self-imposed shortage.

70 nurses still at Kidderminster have refused to transfer. Their frustration has been increased by the antics of the Worcester Trust, walking around the hospital putting labels on furniture and equipment they want to ship out and use - sometimes even ask-

ing people to move so that the chairs they are sitting on can be "reserved" for someone else.

Although bed numbers have allegedly been maintained during the run-down and closure of Kidderminster, the PFI scheme involves a massive reduction of at least 28% in acute bed numbers across the county.

Events so far simply underline the doubts raised by LHE and local campaigners over whether this can deliver a viable local service.



services at risk. A new Ronkwood Action Group has been formed to demand assurances from local MP Michael Foster that the scheme he has so doggedly defended will deliver enough beds and staff to cope with the additional caseload from around the county.

● The Worcestershire Acute Hospitals Trust has acquired the dubious distinction of being among the first seven Trusts to be shown the government's "red light" and be 'named and shamed' for poor waiting list performance.

Trusts branded red light cases will find their Modernisation Fund money withheld, and face intervention by the new Modernisation Agency.

● Ambulance chiefs in Hereford and Worcestershire have been dealing with record numbers of 999 calls over the summer, even before tackling the extra strains arising from the Kidderminster closure.

Only two ambulances cover the Wye Forest area around Kidderminster, and the much-vaunted investment in a new ambulance turned out to be simply replacing an older one.

Campaigners have warned that the extra journey times and the need to transport thousands of 999 cases each year from Kidderminster to Worcester could reduce services to breaking point.

"Extra" beds cushion PFI blow in Norfolk

The new £215m Norfolk & Norwich PFI Hospital is to have an "extra" 144 beds, compared with heavy reductions in bed numbers proposed in the original scheme.

But staff are still warning that the huge hospital, being built on a greenfield site, will be desperately short of beds.

The existing Norfolk & Norwich is already struggling to operate with 953 beds - the figure that will be maintained now that the 144 "extra" beds have been agreed - while demand for emergency services continues to increase each year.

The new hospital is rapidly taking shape, and due to open in the autumn of 2001.

The cost of renting it from the private consortium will limit the ability of the health authority to invest in any alternative forms of care.



Hundreds of Kidderminster campaigners trying to forestall early closure of the A&E lobbied the Department of Health on June 6

Private Fiascos Incorporated Multi-million shambles!

The first two PFI hospitals to open have already clocked up a disastrous list of planning failures and management fiascos.

The Cumberland Infirmary in Carlisle, which only opened in June, has been struggling to deal with the consequences of shoddy pipework, inadequate sewerage capacity, poor and impractical design of wards and offices, and faulty fittings.

A transparent roof - with no air conditioning - has turned the hospital into a summer greenhouse, and must lead to massive heating bills in winter.

To add insult to injury, the hospital has so few beds that trolley waits for emergency admissions have continued



throughout the normally peaceful month of August.

The Trust will fork out up to £500m in index-linked rents over 30 years to lease a hospital which cost the consortium just £67m to build.

Conditions for staff at the new hospital have also come

under heavy fire from unions, after the facilities management company forced through shift changes without consultation with 100 domestic staff, some of the new shifts including permanent weekend or night working.

Non-emergency surgery was cancelled at Dartford's brand new £177m Darent Valley Hospital a fortnight after it opened, after surgeons found that taps in the operating theatres gave only a trickle of water, and supplies of sterilised equipment ran out.

Senior medical staff had been given no opportunity to test out equipment before the hospital opened up.

Consultants also complained that the portering contract with PFI partner Car-

million (formerly Tarmac) did not cover wheeling patients back to wards after operations.

£7 billion bill for private hospitals

THE NHS Plan further entrenches the government behind the use of the Private Finance Initiative as the mechanism to fund all significant hospital building and capital investment.

The Plan boasts that "As a result of the NHS Plan there will be £7 billion of new capital investment through an extended role for PFI by 2010".

38 schemes already approved - half of them under way - add up to £3.6 billion, and the Plan calls for a total of 100 new hospitals.

At the same time as increasing its dependence on leasing buildings from the private sector, the NHS will be flogging off more of its existing assets.

Some will go in "part-exchange" deals for new hospitals, and more will be sold in a "one-off auction of empty and surplus NHS property", which the NHS Plan expects to raise 'up to £600m'.

Private finance will also find a new role in upgrading primary care premises, which will represent another investment of up to £1 billion.

The revenue costs of leasing the growing inventory of facilities from profit-seeking private consortia will be top-sliced from NHS budgets, restricting the scope for investment in community-based services.

The government is privatising the Treasury's own PFI taskforce, selling off 51% of shares in "Partnerships UK" to the private sector.

Its deputy chairman said "We've got to find a way of fulfilling the private sector mission."

Milburn exempts UCLH from PFI beds massacre

The first wave of 11 PFI-funded hospitals will lead to a massive reduction of 2,000 acute hospital beds, according to research by University College, London.

This dramatic reduction makes a nonsense of the NHS Beds Enquiry and the NHS Plan, both of which called for an increase in front-line acute beds.



"If it's any consolation, he died laughing"

It comes after five years in which acute bed numbers have remained largely unchanged as hospitals struggle to cope with emergency demand.

The first two PFI hospitals to open, in Carlisle and Dartford, brought a combined loss of

Consultancy fees in the 18 PFI schemes that have so far gone ahead add up to a staggering £53 million so far, according to figures from Health Minister John Denham. £24m went to lawyers, £16m to accountants and finance advisors and £12 on "other" advice.

175 beds.

In Worcestershire, the building of a new, smaller Worcester Royal Infirmary is intended to axe upwards of 370 acute beds across the county.

The controversial Dudley Hospital PFI will axe 70.

Perhaps embarrassed by this wholesale loss of beds, Health Secretary Alan Milburn personally intervened to insist on an increase in the beds to be included in the new University College Hospital, central London. Adding an extra 87 beds to the 16-storey building will add a hefty £100m to the cost of the scheme, and this cost will be shouldered by the health authorities which use the Trust's services.

The Trust will pay £30m a year over 30 years to rent the £422m building, but at least one local GP has voiced fears that the new hospital will seek to maximise "throughput" by discharging patients too quickly, dumping extra work onto GPs and district nurses.

● LHE has demanded that any new hospital schemes should now follow the UCLH example, and provide at least as many beds as the hospitals they replace.